

Office of Aging and Adult Services (OAAS)

Rights and Responsibilities for Applicants/Participants of Long Term – Personal Care Services (LT-PCS)

RIGHTS

These are your **rights** as an applicant/participant of Long Term – Personal Care Services (LT-PCS):

- To be treated with dignity and respect.
- To be free from abuse, neglect and exploitation. Report suspected abuse, neglect and exploitation by calling:
 - Adult Protective Services at 1-800-898-4910 for individuals ages 18 through 59 or
 - Elderly Protective Services at 1-800-259-4990 for individuals ages 60 and above.
- To decide how, where and with whom you live.
- To actively participate in developing your Plan of Care (POC) that reflects your preferences.
- To include the people you want to help in developing your Plan of Care (POC)
- To freely choose the providers that work with you.
- To know that your provider does not have to be at the assessment and planning meetings unless you want them there.
- To be free from use of restraints.
- To receive written accurate, complete and timely information about eligibility, application and assessment for Long Term – Personal Care Services (LT-PCS).
- To file a complaint, grievance or appeal for a fair hearing with a provider, or the Department of Health and Hospitals (DHH) if you are not satisfied with services offered or provided to you. Filing a grievance or making a complaint does not begin or replace a fair hearing request.
 - OAAS Help Line toll-free number: 1-866-758-5035
(Use this # for general information about Long Term-Personal Care Services (LT-PCS) and other OAAS home and community-based services.)
 - Health Standards Section (HSS) complaint toll-free number: 1-800-660-0488
(Use this # for complaints about providers.)
 - Division of Administrative Law – HH number: 1-225-342-0443
(Use this # for information about the appeal and fair hearing processes.)
- To receive services and supports from trained and competent workers.
- To have timely access to all approved services included in your Plan of Care (POC).
- To receive in writing any rules, regulations, or other changes that affect your participation in Long Term – Personal Care Services (LT-PCS).

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- To receive information explaining provider responsibilities and requirements for providing services to you.
- To receive information about how to access Medicaid and non-Medicaid services that may help you.
- To receive from the assessor an explanation of what type of services and what amount of each kind of service is included or is proposed to be included in your POC.
- To review with the assessor, item by item, the completed Minimum Data Set – Home Care (MDS-HC) assessment to determine if it is accurate before the MDS-HC is used to develop your POC and before the POC is submitted for final eligibility review and processing.
- To receive from the assessor an explanation of the Activities of Daily Living (ADL) Index groups so that you understand your ADL Index score.
- To request more hours, over the maximum of the ADL Index group you have been assigned, if needed to avoid entering a nursing facility.
- To request more hours of service within your ADL Index score category if you have not been given the maximum.
- To appeal for more hours if you believe that your MDS-HC assessment was not completed correctly and/or if more hours are needed to avoid entering a nursing facility.
- To change providers once every three (3) months or at any time with “good cause.”
- To call the assessor’s supervisor at the following number ____ - ____ - ____ or, the OAAS Regional Office at the following number ____ - ____ - ____ if the assessor did not explain all of the above rights to you.

RESPONSIBILITIES

These are your **responsibilities** as an applicant/participant of Long Term – Personal Care Services (LT-PCS):

- To actively participate in planning and making decisions about your supports and services.
- To cooperate with the assessor and provider in planning for all the services and supports you will be receiving by:
 - Being available to receive planned services;
 - Contacting the assessor and/or provider to cancel a scheduled visit;
 - Being courteous and respectful to the worker(s); and
 - Maintaining a safe and lawful environment.

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- To refuse to sign any paper that you do not understand or that is not complete.
- To provide necessary and correct information about yourself. This will help in developing a Plan of Care (POC) that will include the services and supports that assist you and reflect your preferences.
- To cooperate with the provider so that they are able to comply with applicable laws, policies and procedures.
- To immediately report to the assessor and provider who work with you if any of the following changes: your health, medications, physical condition, level of informal supports, address, phone number, alternate contact number, or your financial situation changes.
- To immediately report to the assessor and provider if you are admitted to a hospital or nursing facility.
- To help your planning team identify all available paid and unpaid community supports that do or could help meet your needs. Examples of community supports include friends, family, and community organizations.
- To follow the rules of the programs, and if information is not clear, to ask the assessor and/or provider to explain it to you.
- To verify you have received the services the provider indicates you have received, including the number of hours your provider works, and report any differences to the assessor **and** to the HSS complaint line at 1-800-660-0488.
- To cooperate with all required assessments. Failure to do so may result in your becoming ineligible to receive Long Term – Personal Care Services (LT-PCS).
- To understand as a participant of the Long Term – Personal Care Services program, if you fail to receive services for thirty (30) or more days in a row, your LT-PCS case may be closed.
- To cooperate with staff of the DHH or its designee, and your providers by allowing them to contact you monthly by phone and visit you once every three (3) months in your home for the following reasons:
 - To complete assessments and develop your plan of care
 - To observe and verify that you are receiving the services listed on your POC and as reported by your provider
 - To revise your POC as needed
 - To respond to complaints.

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Signature Page - for Single Point of Entry Agency use

I have read and understand my rights and responsibilities for applying for/participating in Long Term – Personal Care Services (LT-PCS) administered and managed by the Department of Health and Hospitals' Office of Aging and Adult Services. I also understand the reasons that may cause me (or the applicant/participant whom I represent to lose these supports and services.

As a Medicaid recipient, I understand the Medicaid services that are available to me and how to access them.

Name of Applicant/Participant: _____
(Please print name.)

Signature of Applicant/Participant

Date

Signature of Responsible Representative (if applicable)

Date

Single Point of Entry Agency Representative (if applicable)

Date